

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	94		
O.I.P.E. CLASSIFIER	12		
FORMALITY REVIEW	TC	7027	6-27-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	5/23/94
2	5/23/94
3	5/23/94
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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